

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILED DATE
							APPLICANT(S)	107009083
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							61	
2							62	
3							63	
4							64	
5							65	
6							66	
7							67	
8							68	
9							69	
10							70	
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30							90	
31							91	
32							92	
33							93	
34							94	
35							95	
36							96	
37							97	
38							98	
39							99	
40							100	
TOTAL							TOTAL	
IND.							IND.	
DEP.							DEP.	
TOTAL							TOTAL	
CLAIMS							CLAIMS	

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT OF COMMERCE